USAID FROM THE AMERICAN PEOPLE

esd REACHING FURTHER extending service delivery

ESD helped to promote HTSP throughout Africa through various types of partnerships, which were used as models to leverage corporate and organizational support.

Photo Courtesy: Knowledge for Health/Photoshare

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

Promoting Healthy Timing and Spacing of Pregnancy (HTSP) through Pharmaceutical Partnerships and Professional Associations

This paper examines how the Extending Service Delivery (ESD) Project mobilized private sector companies and networks to support one of USAID's technical priority area—Healthy Timing and Spacing of Pregnancy (HTSP)—by supporting research, developing evidence-based recommendations and information on HTSP, and promoting the use of field-friendly HTSP messages, based on evidence of the health benefits of pregnancy spacing.

Private sector partnerships and corporate social responsibility (CSR) have been cross-cutting approaches applied by ESD to support its mission and to promote HTSP. Although pharmaceutical companies producing family planning products have supported birth spacing initiatives through one-time events, such as sponsoring scientific speakers and presentations at technical conferences that present the hard evidence for spacing children, under ESD, the CSR team sought opportunities to leverage private sector resources in more sustainable way.

ESD's overall strategy to promote the benefits of HTSP focused on working with international service organizations, public health institutions, and local non-governmental organizations (NGOs) to advocate for including HTSP messages in their ongoing health and non-health programs and activities. These organizations became a part of a global HTSP Champions Network, which expanded to include two private sector entities: Bayer Schering Pharma (BSP), a global pharmaceutical company that manufactures family planning products, and the Medical Women Association of Tanzania (MEWATA), a private professional association of women doctors. ESD's partnership with these two entities leveraged their resources and strengths to develop HTSP educational materials and used their networks to distribute these materials locally and regionally.

BACKGROUND ON HTSP

In 2005, a group of 37 technical experts, selected by the World Health Organization (WHO), reviewed the scientific evidence from six USAID-sponsored studies, resulting in the following new recommendations: (1) a woman should wait at least 24 months after the live birth of a baby before attempting to get pregnant again; and (2) a woman should wait at least six months after a miscarriage or abortion before attempting to get pregnant again. These are two of three messages that form the heart of the HTSP initiative. The third message, also supported by WHO, recommends that girls wait until at least age 18 before attempting to get pregnant for the first time, addressing the high rate of disease, mortality and morbidity associated with the 14 million adolescent pregnancies occurring annually.

ESD's HTSP initiative has focused on pregnancy

Through its partnership with Bayer-Schering Pharma, educational materials, such as this one, were translated and distributed to health providers and clients.

spacing and has provided messages based on the best scientific evidence. This included focus groups where women did not understand an older "3-to-5 year" spacing message. Women said they wanted to know the healthiest time to become pregnant again after the birth of their last child, not when to give birth. The HTSP approach enabled health providers to counsel women and couples on exactly how long they needed to use a family planning method before trying for another pregnancy. (For more information on HTSP, please read the companion legacy paper: *Mainstreaming Healthy Timing and Spacing of Pregnancy: A Framework for Action*).

PROBLEM ADDRESSED

An important component of promoting HTSP was to develop IEC materials, including educational materials designed specifically for consumers and health providers. Although materials already existed on HTSP-related research and other useful information, no IEC material had been published specifically focusing on the key HTSP messages for doctors, nurses and clients.

With few resources, ESD looked for mechanisms to disseminate HTSP materials as widely as possible. The HTSP Champions Network was an effective mechanism for disseminating HTSP information throughout existing programs. However, because network members disseminated the information largely at their own cost, ESD used partnerships with the private sector to increase the kinds of IEC materials available and the number of vehicles for distribution.

SUMMARY OF INTERVENTION STRATEGIES

After the launch of the HTSP initiative, the ESD CSR team approached potential corporate partners and professional groups about supporting HTSP activities. This outreach resulted in two partnerships:

Bayer Schering Pharma

Bayer Schering Pharma (BSP), a global pharmaceutical company that manufactures family planning products and holds the USAID contract for contraceptives, was a primary target. Meridian Group International, Inc., the ESD partner working on developing private sector partnerships, had a long relationship with the company that helped ESD to convince BSP to sponsor the HTSP initiative.

ESD's sponsorship proposal was not simply a request for funds. Instead, ESD proposed a partnership with BSP, in which the company and ESD would work jointly to develop and distribute educational materials for health providers and consumers in Africa. The partnership had three components:

1. ***Development of Africa-focused HTSP materials.*** ESD provided content to BSP, which designed, printed and distributed the IEC materials throughout Africa at BSP's expense through its existing corporate networks.

2. ***Reproduction of the HTSP materials.*** ESD placed the provider and consumer brochures on its web site, so that anyone in the HTSP Champions Network could download and distribute them. Any organization could enter into a partnership with ESD and BSP if it wished reproduce the materials through a printer and make limited changes, such as inserting a translation or including the group's logo

3. ***Revision of HTSP materials for regional and global audiences.*** ESD and BSP planned to revise the Africa-focused materials so that the artwork would be appropriate for other regional audiences on a cost-share basis. Budget cuts at BSP due to the economic crisis hampered this component, but a Pakistan version is being developed by local partners there.

The strategy created a sense of ownership of the HTSP initiative by BSP. The use of BSP's design firm to lay out the materials meant the company staff was engaged in developing the materials, and ESD staff saved time since it did not have to request bids and select a firm.

After the HTSP materials were designed, BSP sent a form to each of its Anglophone Africa representatives inviting them to request the number of brochures they would like to distribute. A positive response led BSP to pay for printing more materials than it had originally committed to. Since BSP's in-country representatives meet with both public health providers and private doctors, BSP not only assumed the cost of distribution, but also enabled ESD to use an existing corporate network to reach providers and consumers outside the scope of the Champions Network.

After a year, ESD asked BSP to redesign the consumer brochure into a poster that could be placed in family planning and maternal and child health clinics. The poster ensures clients will see the HTSP messages after these other materials are no longer available.

Medical Women Association of Tanzania (MEWATA)

ESD developed a relationship with MEWATA—a professional association of 350 women doctors in Tanzania that leads public campaigns on women's health issues—during an ESD training workshop on CSR in Tanzania in 2006. MEWATA was concerned about Tanzania's high rate of maternal mortality and saw HTSP as a means to promote healthy fertility. (F*or more information on the workshop, please read the companion legacy paper: Training Workshops: An Effective Approach for Promoting Public-Private Partnerships in Reproductive Health and Family Planning*).

The partnership initially focused on translating the BSP brochures into KiSwahili for distribution through its membership and making HTSP a theme of a technical conference linked to its annual meeting in 2008. MEWATA decided to translate only the consumer materials, since most Tanzanian providers understand English.

After creating linkages between the BSP partnership and the MEWATA partnership, ESD convinced BSP to send a speaker and a corporate representative to MEWATA's technical conference. The HTSP provider brochures were distributed widely among leading health professionals attending the conference. Since then, the MEWATA partnership has expanded into a broader agreement for MEWATA to serve as the local HTSP secretariat in Tanzania, responsible for promoting HTSP with NGO service providers, medical education institutions and public health officials.

MONITORING AND EVALUATION APPROACH

Given limited resources to track distribution and monitor usage, ESD took a simple monitoring and evaluation approach, tracking:

- the number of brochures printed and distributed;
- the number of brochures translated into other languages;
- the number of organizations using the brochures; and
- the amount of funds leveraged from BSP and other partners.

OUTCOMES AND RESULTS

ESD's strategy for private sector support of HTSP led to the following:

1. BSP distributed 40,000 materials (20,000 of each) in nine African countries through BSP's country representatives.

2. ESD's partnership with MEWATA expanded into a broader role for MEWATA to promote HTSP in Tanzania as ESD's HTSP secretariat. MEWATA helped to integrate HTSP into medical and nursing curricula and influencing Ministry of Health policies on family planning. The MEWATA technical conference received widespread media coverage and exposed the public health community (and private doctors) to HTSP messages.

3. MEWATA translated the consumer brochure into KiSwahili; 500 provider brochures were printed and distributed in Tanzania through its network of doctors. Several thousand consumer brochures were also printed and distributed. A larger number of brochures and posters will be printed and distributed in the coming year.

4. The ESD-associated project in Guinea translated the brochures into French and printed 60,000 of the translated consumer materials and 2,000 health provider materials.

5. The AWARE II Project, led by Management Sciences for Health in 19 West African countries, is printing both English and French materials, including posters, for wide distribution in its region.

6. The Pakistan Ministry of Population Welfare is working with ESD to revise the HTSP materials and translate them into Urdu for use by its Lady Health Worker program. The print run is expected to be more than 700,000 copies of the consumer and provider brochures, in addition to posters.

7. ESD leveraged more than $50,000 from BSP in in-kind costs, with a commitment from ESD of $20,000 in staff time during the initial development and revisions of the HTSP materials.

CHALLENGES

The main challenge to the BSP partnership—also affecting the MEWATA partnership—was the collapse of the global economy almost immediately after printing the HTSP materials. The economic crisis caused BSP to cut discretionary funds that could have otherwise been used to share the cost of expanding the HTSP partnership. Despite budget cuts, BSP continued to make limited investments, such as paying for design changes to accommodate French and kiswahili translations.

LESSONS LEARNED

ESD's working relationship with and understanding of each organization's interests enabled the project to form and grow its partnerships with BSP and MEWATA. These partnerships helped broaden and deepen ESD's ability to promote HTSP in Africa and Asia, and proved to be good models for leveraging corporate and organizational support.

ESD used the natural alignment of the HTSP messages and BSP business interests in family planning to create the partnership. Yet if ESD's partnership with BSP had involved only the transfer of money to ESD to design, print and distribute the educational materials on its own, the economic crisis would have ended further BSP involvement in promoting HTSP. Instead, the partnership created corporate ownership of HTSP and leveraged a broader range of BSP resources for design, printing and distribution even after the initial materials were distributed.

By starting small in Africa, ESD was able to slowly build on this partnership as new opportunities arose, even in the midst of a failing economy. The involvement of a corporate partner like BSP in the HTSP initiative gave ESD more credibility with MEWATA, which not only served as a viable partner, but eventually grew into a local secretariat, with strong professional networks and organizational capacities to promote HTSP throughout Tanzania.

Finally, many organizations became interested in the HTSP materials because they could add their own logos and contact information. This enabled them to brand high-quality, pre-approved materials with minimal cost to themselves.

This paper was written by:

David Wofford, Senior Commercial Sector Advisor, ESD

THE EXTENDING SERVICE DELIVERY PROJECT
1201 Connecticut Ave., N.W., Suite 700
Washington, DC 20036
Phone: 202-775-1977
Fax: 202-775-1988
www. esdproj.org

PATHFINDER INTERNATIONAL
(Contact for this project after September 2010)
9 Galen Street, Suite 217
Watertown, MA 02472, USA
Phone: 617-924-7200
www.pathfind.org

USAID FROM THE AMERICAN PEOPLE

esd REACHING FURTHER extending service delivery

ESD IS MANAGED AND DIRECTED BY:

Pathfinder INTERNATIONAL
a global leader in reproductive health

PARTNERS INCLUDE:

IntraHealth INTERNATIONAL Because Health Workers Save Lives.

msh Management Sciences for Health

Meridian Group International, Inc.

This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. GPO-A-00-05-00027-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

All brand names and product names are trademarks or registered trademarks of their respective companies.